

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SEARCH NO. **BEST AVAILABLE COPY** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4						
5		1				
6	1					
7						
8		1				
9						
10						
11						
12	1					
13		1		1		
14						
15						
16	1			1		
17						
18	1			1		
19	1			1		
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49						
50						
TOTAL IND.	3		5			
TOTAL DEP.	10	←	16	←		←
TOTAL CLAIMS	19		21			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←			←	←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS